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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20660 (7)
1. Corporation Name
SEMINOLE FERTILIZER CORPORATION



Principal Place of Business: 72 CUMMINGS POINT ROAD, STAMFORD CT 06902
Mailing Address: 2300 CLAYTON ROAD, SUITE 1100, CONCORD CA 94520-2149

3. Date Incorporated or Qualified: 08/29/1988
3a. Date of Last Report: 05/01/1996
4. FEI Number: 13-3482705
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. City & State
23. City & State
24. Zip Country

9. Name and Address of Current Registered Agent
CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	GROSS, ARTHUR L	
STREET ADDRESS	2300 CLAYTON ROAD, SUITE 1100	
CITY - ST - ZIP	CONCORD CA 94520-2100	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCCLAVE, WILKES III	
STREET ADDRESS	72 CUMMINGS POINT ROAD	
CITY - ST - ZIP	STAMFORD CT 06902	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, JEFFERSON F.	
STREET ADDRESS	72 CUMINGS POINT RD	
CITY - ST - ZIP	STAMFORD CT 06902	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	THOMAS, RAYFORD S.	
STREET ADDRESS	601 UNION ST., STE 2500	
CITY - ST - ZIP	SEATTLE WA 98101	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	HANTKE, WILLIAM E.	
STREET ADDRESS	72 CUMMINGS POINT ROAD	
CITY - ST - ZIP	STAMFORD CT 06902	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KAPLAN, DONALD	
STREET ADDRESS	601 UNION STREET, STE 2500	
CITY - ST - ZIP	SEATTLE WA 98101	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4500 S. 40th Street
1.4 CITY - ST - ZIP	Phoenix, AZ 85040
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	CUMMINGS
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4500 S. 40th Street
4.4 CITY - ST - ZIP	Phoenix, AZ 85040
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	3003 N. Central Avenue
6.4 CITY - ST - ZIP	Phoenix, AZ 85012

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Arthur L. Gross* Assistant Secretary
ARTHUR L. GROSS 2/26/97 602/437-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)